

REMARKS

Claims 1 - 42 are withdrawn from consideration. Claims 43 - 52, 55 and 56 have been amended. Reexamination and reconsideration of the application, as amended, are respectfully requested.

Applicants wish to thank the Examiner, Mr. Eng, for the courtesy of a personal interview with the inventors and the undersigned attorney on August 11, 2004. The claims have been amended in accordance with the discussion at the interview.

Claims 43-55 were rejected under 35 U.S.C. 103(a) as being unpatentable over Bro (USP 6,249,809) in view of Trusheim (USP 6,385,589) and Schwartz (USP 5,872,923). The Examiner stated:

“Regarding claim 43, Bro discloses an interactive system for providing one or more individuals information to a health care worker (abstract) comprising the steps of providing the health care worker with a user device (i.e., 26, 52, 60, 68 or 68), the user device being communicatively linked to a system, i.e., remote central server, via a device adapter (i.e., 72 or 80) by a management surface interface, the system comprising applicants for controlling one or more electronic tools within the system in order to perform a desired information and one or more information source, i.e., database, for processing and storing medical information, connecting the health care worker to the remote central server by the device adapter, providing the health worker with one or more requests, i.e., menus, for medical information by sending the requests to the user device through an interactive message interface, entering the requested information by the health care worker in a way of the user device communicatively linked to the device adapter, forwarding the requested information a reporting tool for processing and transferring from the reporting tool to the information source (figures 5A-5B, col. 3 line 10 through col. 5 line 41 and col. 7 line 40 through col. 10 line 55). Bro differs from the claimed invention in not specifically teaching the system comprising the reporting tool for processing the request medical information in a predetermined formatted and processing the requested information in the desired format. However, Trusheim teaches a system for managing the health care information comprising a translator for translating source data files in a predetermined format and passing the processed information to a database so that the system is flexible and tolerant of change of information flow (col. 8 lines 1-62 and col. 9 line 56 through col. 10 line 15). Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to modify Bro in for processing the request medical information in a predetermined formatted and processing the requested information in the desired format, as per teaching of Trusheim, because it makes flexible and tolerant of change of information flow to the system. Furthermore, neither Bro nor Trusheim specifically teaches to provide a collaboration tool configuration to enable one-to-one, one-to-many, many-to-one, and many-to-many communications and collaboration among one or more health care workers. However, Schwartz teaches a collaborative system for distributing data to one or several or

all computers involved in communications from which each computer can generate a display containing the common visual image or file for allowing multiple computer users to view and annotate the common display, thereby improving the communication system. Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to modify the combination of Bro and Trusheim in having the collaboration tool configuration to enable one-to-one, one-to-many, many-to-one, and many-to-many communications and collaboration among one or more health care workers, as per teaching of Schwartz, because it allows multiple health care workers to view and annotate the common display, thereby improving the health monitoring system.”

This rejection is respectfully traversed with respect to the claims, as amended.

The present invention allows communication through a variety of user devices. Such user devices may include, for example, telephones, computers, wireless devices, etc. Each user device may have its own unique user interface and communications requirements. For example, a text message displayed via a computer’s display would be translated to voice in order to be played through a telephone.

In contrast, Trusheim discloses (col. 8 lines 1-62 and col. 9 line 56 through col. 10 line 15) a “translator” in which a map is used to convert specific data using a mapping table or interface. Consequently, Trusheim is limited to a priori knowledge of the kinds of mapping that might be required. The mapping table disclosed in Trusheim might be sufficient for very simple messages, such as the inquiry “What is your name?”. However, Trusheim is inadequate for a wide variety of messages generated in real time, such as “I have a patient who tests positive for yellow fever and I need urgent help.” The present invention allows such messages to be: (a) displayed through a computer interface, (b) processed into voice (in any language) using a text-to-speech engine, and (c) sent as a specific alert to an epidemiologist on a hand-held device.

Schwartz (col. 4 line 33-44) teaches a method to store digital recordings of audio, video or text that are played in slices depending on the user’s access method. This method is inefficient since it cannot be manipulated easily, and is essentially static in nature. If a change in text occurred due to any edit, a corresponding change would be required in the audio version of that same content, creating a very inefficient and ultimately unmanageable process for content editors or users of the system.

Such complex messaging, communication and notification are not described either in Trusheim, nor are they obvious through a combination of Trusheim, Bro and Schwartz.

Consider the following example. Using the present invention, a user may create a survey with two questions: “Do you have any cases of yellow fever to report?” and if the answer is “Yes”, the second question is “Enter the number of new cases for this week”.

On a computer/web interface, these two questions may be displayed on a web form. However, on a telephone interface, the structure would be different, as shown in the table below for illustration:

Computer/Web (as text)		Phone (as voice)
Do you have any cases of yellow fever for this week ?	Yes No	Do you have any cases of yellow fever for this week ? → Press 1 for yes, 2 for no
Enter the number of new cases for this week	Yes No	Enter the number of new cases for this week → Enter a number followed by the pound sign → You entered 12 – is this correct ? → Press 1 for yes, 2 for no

So, in this example, there are differences in the way the same information is presented via the computer/web, and via the phone, **even though the same data is ultimately collected**.

The present invention allows for the information (the two questions in this example) to be represented in one place – and the device adapters modify the method in which questions are presented, and in the case of the phone, perform the appropriate text-to-speech conversions as well, to allow for a good user experience on the phone.

A system in accordance with the present invention enables representation of identical data using non-identical user devices, enables representation of the nuances of delivery via each specific user device type, and enables changes in workflow based on user device type or the access method – which are desirable for each user device type in order to permit ease of use and functionality.

Bro teaches (col. 8 lines 12-14) how to collect data that is input by the user based on a predetermined list about the user or the calling device. This is limiting.

In the present invention, a useful example is to consider the case of mobile health workers using mobile phones with geographic position indicator (GPS) devices that can locate the health worker's location precisely and feed this information back to the system of the present invention in real-time or at periodic intervals. This information is then geo-coded and made available on a reference map of a geographical region of interest, as an icon for example, or as a color coded region. Once this visual representation is made, the visual representation itself is actionable, and clicking on it can either provide more geographical detail, or trigger another process (such as a communication with the health worker for example).


Hence, a system in accordance with the present invention is more real-time and dynamic in nature, where the visual representation of geographic information is not only based on static data, but on real-time actionable data, that is ultimately more timely and valuable, especially in a medical context.

In view of the above, each of the presently pending claims in this application is believed to be in immediate condition for allowance. Accordingly, the Examiner is respectfully requested to withdraw the outstanding rejection of the claims and to pass this application to issue.

In the event that the transmittal letter is separated from this document and the Patent Office determines that an extension and/or other relief is required, Applicant(s) petition(s) for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing docket no. **533902000100**.

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